

SERFF Tracking Number: MCHX-G127793768 State: Arkansas
 Filing Company: American Heritage Life Insurance Company State Tracking Number: 50220
 Company Tracking Number: AWPXD15A
 TOI: H111 Individual Health - Disability Income Sub-TOI: H111.002 Short Term - Unrelated to marketing
 with employer or association groups
 Product Name: AWPXD15A-Individual Short Term Disability-American
 Project Name/Number: AWPXD15A-Individual Short Term Disability-American Heritage Life Insurance Company/AWPXDI5A-Individual Short Term
 Disability-American Heritage Life Insurance Company

Filing at a Glance

Company: American Heritage Life Insurance Company

Product Name: AWPXD15A-Individual Short Term Disability-American SERFF Tr Num: MCHX-G127793768 State: Arkansas

TOI: H111 Individual Health - Disability Income SERFF Status: Closed-Approved-Closed State Tr Num: 50220

Sub-TOI: H111.002 Short Term - Unrelated to marketing with employer or association groups Co Tr Num: AWPXD15A State Status: Approved-Closed

Filing Type: Form

Author: SPI McHughConsulting

Date Submitted: 11/08/2011

Reviewer(s): Rosalind Minor

Disposition Date: 11/30/2011

Disposition Status: Approved-Closed

Implementation Date Requested: On Approval

Implementation Date:

State Filing Description:

General Information

Project Name: AWPXD15A-Individual Short Term Disability-American Heritage Life Insurance Company Status of Filing in Domicile: Pending

Project Number: AWPXD15A-Individual Short Term Disability-American Heritage Life Insurance Company Date Approved in Domicile:

Requested Filing Mode: Review & Approval

Explanation for Combination/Other:

Submission Type: New Submission

Overall Rate Impact:

Deemer Date:

Submitted By: SPI McHughConsulting

Filing Description:

American Heritage Life Insurance Company, NAIC Number: 60534

Amendment Form Numbers AWPXD15A

Domicile Status Comments: Filed Concurrently

Market Type: Individual

Individual Market Type:

Filing Status Changed: 11/30/2011

State Status Changed: 11/30/2011

Created By: SPI McHughConsulting

Corresponding Filing Tracking Number:

McHugh Consulting Resources, Inc. has been requested to file the attached form on behalf of American Heritage Life

SERFF Tracking Number: MCHX-G127793768 State: Arkansas
Filing Company: American Heritage Life Insurance Company State Tracking Number: 50220
Company Tracking Number: AWPXDI5A
TOI: H111 Individual Health - Disability Income Sub-TOI: H111.002 Short Term - Unrelated to marketing
with employer or association groups
Product Name: AWPXDI5A-Individual Short Term Disability-American
Project Name/Number: AWPXDI5A-Individual Short Term Disability-American Heritage Life Insurance Company/AWPXDI5A-Individual Short Term
Disability-American Heritage Life Insurance Company

Insurance Company. We have provided an authorization letter for your files.

The Company has provided the following descriptive information regarding the filing which we are relaying on their behalf:

We submit the above referenced form for your review and approval. This form is new and does not replace any forms currently approved by your department. Amendment AWPXDI5A will be used with our short term individual disability policy, DI5WAR approved on 05/15/2001. It will be attached to newly issued policies after approval by your department.

The purpose of this amendment is to revise our Pre-existing Condition Limitation language and to add a requirement that an insured be actively employed at the time a disability begins. This revised and new language aligns with our current underwriting requirements for disability insurance.

Please note that this amendment does not change the rates charged.

We have included a Readability Certification, as well as any filing fees and/or forms required by your state.

The form is in final printed format subject only to changes in formatting, font style, margins, page numbers, ink, and paper stock. Printing standards will never be less than those required by law.

Thank you for your time and consideration of this filing. If you have any comments or questions, please feel free to call me at the number listed below.

Sincerely,

Lauren Regnery
Compliance Project Specialist
Mchugh Consulting Resources, Inc.
215-230-7960
mcr@mchughconsulting.com

Attachments

Company and Contact

SERFF Tracking Number: MCHX-G127793768 State: Arkansas

Filing Company: American Heritage Life Insurance Company State Tracking Number: 50220

Company Tracking Number: AWPXDI5A

TOI: H111 Individual Health - Disability Income Sub-TOI: H111.002 Short Term - Unrelated to marketing with employer or association groups

Product Name: AWPXDI5A-Individual Short Term Disability-American

Project Name/Number: AWPXDI5A-Individual Short Term Disability-American Heritage Life Insurance Company/AWPXDI5A-Individual Short Term Disability-American Heritage Life Insurance Company

Filing Contact Information

Lauren Regnery, Compliance Project Specialist mcr@mchughconsulting.com
 McHugh Consulting Resources, Inc. 215-230-7960 [Phone]
 2005 South Easton Road, Suite 207 215-230-7961 [FAX]
 Doylestown, PA 18901

Filing Company Information

(This filing was made by a third party - McHughConsulting)

| | | |
|--|-------------------------|----------------------------|
| American Heritage Life Insurance Company | CoCode: 60534 | State of Domicile: Florida |
| 1776 American Heritage Life Drive | Group Code: | Company Type: |
| Jacksonville, FL 32224 | Group Name: | State ID Number: |
| (904) 992-2554 ext. [Phone] | FEIN Number: 59-0781901 | |

Filing Fees

| | |
|------------------|---------|
| Fee Required? | Yes |
| Fee Amount: | \$50.00 |
| Retaliatory? | No |
| Fee Explanation: | |
| Per Company: | No |

| COMPANY | AMOUNT | DATE PROCESSED | TRANSACTION # |
|--|---------|----------------|---------------|
| American Heritage Life Insurance Company | \$50.00 | 11/08/2011 | 53589535 |

SERFF Tracking Number: MCHX-G127793768 State: Arkansas

Filing Company: American Heritage Life Insurance Company State Tracking Number: 50220

Company Tracking Number: AWPXDI5A

TOI: H111 Individual Health - Disability Income Sub-TOI: H111.002 Short Term - Unrelated to marketing with employer or association groups

Product Name: AWPXDI5A-Individual Short Term Disability-American

Project Name/Number: AWPXDI5A-Individual Short Term Disability-American Heritage Life Insurance Company/AWPXDI5A-Individual Short Term Disability-American Heritage Life Insurance Company

Correspondence Summary

Dispositions

| Status | Created By | Created On | Date Submitted |
|-----------------|----------------|------------|----------------|
| Approved-Closed | Rosalind Minor | 11/30/2011 | 11/30/2011 |
| Approved-Closed | Rosalind Minor | 11/09/2011 | 11/09/2011 |

Amendments

| Schedule | Schedule Item Name | Created By | Created On | Date Submitted |
|----------|--------------------|-------------------------|------------|----------------|
| Form | Amendment | SPI McHughConsulting | 11/30/2011 | 11/30/2011 |

SERFF Tracking Number: MCHX-G127793768 *State:* Arkansas
Filing Company: American Heritage Life Insurance Company *State Tracking Number:* 50220
Company Tracking Number: AWPXD15A
TOI: H111 Individual Health - Disability Income *Sub-TOI:* H111.002 Short Term - Unrelated to marketing
with employer or association groups
Product Name: AWPXD15A-Individual Short Term Disability-American
Project Name/Number: AWPXD15A-Individual Short Term Disability-American Heritage Life Insurance Company/AWPXDI5A-Individual Short Term
Disability-American Heritage Life Insurance Company

Disposition

Disposition Date: 11/30/2011

Implementation Date:

Status: Approved-Closed

Comment:

Rate data does NOT apply to filing.

SERFF Tracking Number: MCHX-G127793768 State: Arkansas

Filing Company: American Heritage Life Insurance Company State Tracking Number: 50220

Company Tracking Number: AWPXD15A

TOI: H111 Individual Health - Disability Income Sub-TOI: H111.002 Short Term - Unrelated to marketing with employer or association groups

Product Name: AWPXD15A-Individual Short Term Disability-American

Project Name/Number: AWPXD15A-Individual Short Term Disability-American Heritage Life Insurance Company/AWPXDI5A-Individual Short Term Disability-American Heritage Life Insurance Company

| Schedule | Schedule Item | Schedule Item Status | Public Access |
|---------------------|----------------------------------|----------------------|---------------|
| Supporting Document | Application | Approved-Closed | Yes |
| Supporting Document | Health - Actuarial Justification | Approved-Closed | Yes |
| Supporting Document | Outline of Coverage | Approved-Closed | Yes |
| Supporting Document | Authorization Letter | Approved-Closed | Yes |
| Supporting Document | Flesch Certification | Approved-Closed | Yes |
| Form (revised) | Amendment | Approved-Closed | Yes |
| Form | Amendment | Replaced | Yes |

SERFF Tracking Number: MCHX-G127793768 *State:* Arkansas
Filing Company: American Heritage Life Insurance Company *State Tracking Number:* 50220
Company Tracking Number: AWPXDI5A
TOI: H111 Individual Health - Disability Income *Sub-TOI:* H111.002 Short Term - Unrelated to marketing
with employer or association groups
Product Name: AWPXDI5A-Individual Short Term Disability-American
Project Name/Number: AWPXDI5A-Individual Short Term Disability-American Heritage Life Insurance Company/AWPXDI5A-Individual Short Term
Disability-American Heritage Life Insurance Company

Disposition

Disposition Date: 11/09/2011

Implementation Date:

Status: Approved-Closed

Comment:

Rate data does NOT apply to filing.

SERFF Tracking Number: MCHX-G127793768 State: Arkansas

Filing Company: American Heritage Life Insurance Company State Tracking Number: 50220

Company Tracking Number: AWPXD15A

TOI: H111 Individual Health - Disability Income Sub-TOI: H111.002 Short Term - Unrelated to marketing with employer or association groups

Product Name: AWPXD15A-Individual Short Term Disability-American

Project Name/Number: AWPXD15A-Individual Short Term Disability-American Heritage Life Insurance Company/AWPXDI5A-Individual Short Term Disability-American Heritage Life Insurance Company

| Schedule | Schedule Item | Schedule Item Status | Public Access |
|---------------------|----------------------------------|----------------------|---------------|
| Supporting Document | Application | Approved-Closed | Yes |
| Supporting Document | Health - Actuarial Justification | Approved-Closed | Yes |
| Supporting Document | Outline of Coverage | Approved-Closed | Yes |
| Supporting Document | Authorization Letter | Approved-Closed | Yes |
| Supporting Document | Flesch Certification | Approved-Closed | Yes |
| Form (revised) | Amendment | Approved-Closed | Yes |
| Form | Amendment | Replaced | Yes |

SERFF Tracking Number: MCHX-G127793768 State: Arkansas

Filing Company: American Heritage Life Insurance Company State Tracking Number: 50220

Company Tracking Number: AWPXD15A

TOI: H111 Individual Health - Disability Income Sub-TOI: H111.002 Short Term - Unrelated to marketing with employer or association groups

Product Name: AWPXD15A-Individual Short Term Disability-American

Project Name/Number: AWPXD15A-Individual Short Term Disability-American Heritage Life Insurance Company/AWPXDI5A-Individual Short Term Disability-American Heritage Life Insurance Company

Amendment Letter

Submitted Date: 11/30/2011

Comments:

Dear Rosalind Minor,

Thank you for re-opening this filing. Please see the attached, revised Amendment form AWPXD15A, for your review and approval. Please replace the Amendment that was initially submitted on 11/08/11 with the attached, revised Amendment.

The purpose of the revision was to amend the definition of "own occupation" to be consistent with their requirement that the insured be actively employed at the time a disability begins.

Thank you for your continued assistance with this filing.

Sincerely,

Lauren Regnery
Compliance Project Specialist

Changed Items:

Form Schedule Item Changes:

Form Schedule Item Changes:

| Form Number | Form Type | Form Name | Action | Form Action Other | Previous Filing # | Replaced Form # | Readability Score | Attachments |
|-------------|--------------|-------------------|--------|-------------------|-------------------|-----------------|-------------------|------------------------------|
| AWPXDI5A | Policy/Contr | Amendment Revised | | | | | 52.600 | 11_18_11 AWPXDI5A.P DF |

SERFF Tracking Number: MCHX-G127793768 State: Arkansas

Filing Company: American Heritage Life Insurance Company State Tracking Number: 50220

Company Tracking Number: AWPXDI5A

TOI: H111 Individual Health - Disability Income Sub-TOI: H111.002 Short Term - Unrelated to marketing with employer or association groups

Product Name: AWPXDI5A-Individual Short Term Disability-American

Project Name/Number: AWPXDI5A-Individual Short Term Disability-American Heritage Life Insurance Company/AWPXDI5A-Individual Short Term Disability-American Heritage Life Insurance Company

Form Schedule

Lead Form Number: AWPXDI5A

| Schedule Item | Form Number | Form Type | Form Name | Action | Action Specific Data | Readability | Attachment |
|-------------------------------|-------------|---|-----------|---------|--|-------------|------------------------------|
| Approved-Closed 11/30/2011 | AWPXDI5A | Policy/Cont ract/Fratern al Certificate: Amendmen t, Insert Page, Endorseme nt or Rider | Amendment | Revised | Replaced Form #: Previous Filing #: | 52.600 | 11_18_11 AWPXDI5A.P DF |



AMERICAN HERITAGE LIFE INSURANCE COMPANY
HOME OFFICE:
1776 AMERICAN HERITAGE LIFE DRIVE
JACKSONVILLE, FLORIDA 32224-6687
(904) 992-1776

A Stock Company

AMENDMENT

The Policy to which this Amendment is attached is amended as follows:

I. The following definition is added to the **DEFINITIONS** section:

Actively Employed. Means you are working for your employer for earnings that are paid regularly and that you are performing the material and substantial duties of your own occupation. You will be deemed to be in active employment on a day which is not your employer's scheduled work days only if you were an active employee on the preceding scheduled work day. Normal vacation is considered active employment. However, if vacation days are used to cover disability, sickness or injury, those days are not considered active employment.

Your work site must be:

1. your employer's usual place of business; or
2. an alternative work site at the direction of your employer; or
3. a location to which your job requires you to travel.

II. The definition of **Own Occupation** is deleted from the **DEFINITIONS** section and replaced with the following:

Own Occupation. The occupation you are performing when a period of total disability begins.

III. The definition of **Pre-Existing Condition** is deleted from the **DEFINITIONS** section.

IV. The following condition is added to the **BENEFITS** section:

You must be actively employed on the date your disability occurs for disability benefits to be payable under this policy.

V. The **PRE-EXISTING CONDITION LIMITATION** is deleted in its entirety and replaced with the following:

PRE-EXISTING CONDITION LIMITATION

We will not pay for disabilities during the first 12 months after the effective date due to a pre-existing condition.

You have a pre-existing condition if:

1. your disability begins in the first 12 months after your effective date; and
2. you received medical treatment, consultation, care or services, including diagnostic measures, took or were prescribed drugs or medicines, took over the counter medications or followed treatment recommendations in the 12 months just prior to your effective date; or
3. you had symptoms in the 12 months just prior to your effective date.

This Amendment will not change, alter, or amend the Policy it is attached to except as stated.

This Amendment becomes effective as of the issue date of the Policy.



Secretary

SERFF Tracking Number: MCHX-G127793768 State: Arkansas

Filing Company: American Heritage Life Insurance Company State Tracking Number: 50220

Company Tracking Number: AWPXD15A

TOI: H111 Individual Health - Disability Income Sub-TOI: H111.002 Short Term - Unrelated to marketing with employer or association groups

Product Name: AWPXD15A-Individual Short Term Disability-American

Project Name/Number: AWPXD15A-Individual Short Term Disability-American Heritage Life Insurance Company/AWPXDI5A-Individual Short Term Disability-American Heritage Life Insurance Company

Supporting Document Schedules

| | Item Status: | Status Date: |
|---|-----------------|--------------|
| Bypassed - Item: Application | Approved-Closed | 11/09/2011 |
| Bypass Reason: Not applicable to this filing | | |
| Comments: | | |

| | Item Status: | Status Date: |
|--|-----------------|--------------|
| Bypassed - Item: Health - Actuarial Justification | Approved-Closed | 11/09/2011 |
| Bypass Reason: Not applicable to this filing | | |
| Comments: | | |

| | Item Status: | Status Date: |
|---|-----------------|--------------|
| Bypassed - Item: Outline of Coverage | Approved-Closed | 11/09/2011 |
| Bypass Reason: Not applicable to this filing | | |
| Comments: | | |

| | Item Status: | Status Date: |
|---|-----------------|--------------|
| Satisfied - Item: Authorization Letter | Approved-Closed | 11/09/2011 |
| Comments: | | |
| Attachment: | | |
| Authorization Letter AHLIC 2011.PDF | | |

| | Item Status: | Status Date: |
|---|-----------------|--------------|
| Satisfied - Item: Flesch Certification | Approved-Closed | 11/09/2011 |
| Comments: | | |
| Attachments: | | |

SERFF Tracking Number: MCHX-G127793768 *State:* Arkansas
Filing Company: American Heritage Life Insurance Company *State Tracking Number:* 50220
Company Tracking Number: AWPXDI5A
TOI: H111 Individual Health - Disability Income *Sub-TOI:* H111.002 Short Term - Unrelated to marketing
with employer or association groups
Product Name: AWPXDI5A-Individual Short Term Disability-American
Project Name/Number: AWPXDI5A-Individual Short Term Disability-American Heritage Life Insurance Company/AWPXDI5A-Individual Short Term
Disability-American Heritage Life Insurance Company

AR Cert of Compliance with Rule 19.PDF

AR Certificate of Compliance 23-79-138 and R&R 49.PDF

AR Readability Certification.PDF



Diane D. Ierna,
FLMI, AIRC
Assistant Vice President,
Compliance Department

June 15, 2011

NAIC Company Code: 60534

Re: See Attached Forms Listing

Please accept this letter as authorization from American Heritage Life Insurance Company for McHugh Consulting Resources, Inc. to file any or all policy forms as referenced on the attached form listing on behalf of American Heritage Life Insurance Company.

Sincerely,

A handwritten signature in dark ink that reads "Diane D. Ierna". The signature is written in a cursive, flowing style.

Diane D. Ierna

Certificate of Compliance with Arkansas Rule and Regulation 19

Insurer: American Heritage Life Insurance Company

Form Number(s): AWPXDI5A

I hereby certify that the filing above meets all applicable Arkansas requirements including the requirements of Rule and Regulation 19.



Signature of Company Officer

Diane Ierna

Name

Assistant Vice President, Compliance

Title

November 3, 2011

Date

CERTIFICATE OF COMPLIANCE

Insurer: American Heritage Life Insurance Company

Form Numbers: AWPXDI5A

I hereby certify that the filing above meets all applicable Arkansas requirements including Regulation 49 (Life and Health Guaranty Fund Notice) and Ark. Code Ann. 23-79-138 and Bulletin 11-88 (Consumer Information Notice).



Signature of Company Officer

Diane Ierna

Name

Assistant Vice President, Compliance

Title

November 3, 2011

Date

STATE OF ARKANSAS
READABILITY CERTIFICATION

COMPANY NAME: American Heritage Life Insurance Company

This is to certify that the form(s) referenced below has achieved a Flesch Reading Ease Score as indicated below and complies with the requirements of Ark. Stat. Ann. Section 66-3251 through 66-3258, cited as the Life and Disability Insurance Policy Language Simplification Act.

| Form Number | Score |
|-------------|-------|
| AWPXDI5A | 52.6 |
| | |
| | |
| | |
| | |

Signed: _____

Name: Diane Ierna

Title: Assistant Vice President, Compliance

Date: November 3, 2011

| | | | |
|---------------------------------|--|-------------------------------|---|
| <i>SERFF Tracking Number:</i> | <i>MCHX-G127793768</i> | <i>State:</i> | <i>Arkansas</i> |
| <i>Filing Company:</i> | <i>American Heritage Life Insurance Company</i> | <i>State Tracking Number:</i> | <i>50220</i> |
| <i>Company Tracking Number:</i> | <i>AWPXD15A</i> | | |
| <i>TOI:</i> | <i>H111 Individual Health - Disability Income</i> | <i>Sub-TOI:</i> | <i>H111.002 Short Term - Unrelated to marketing with employer or association groups</i> |
| <i>Product Name:</i> | <i>AWPXD15A-Individual Short Term Disability-American</i> | | |
| <i>Project Name/Number:</i> | <i>AWPXD15A-Individual Short Term Disability-American Heritage Life Insurance Company/AWPXD15A-Individual Short Term Disability-American Heritage Life Insurance Company</i> | | |

Superseded Schedule Items

Please note that all items on the following pages are items, which have been replaced by a newer version. The newest version is located with the appropriate schedule on previous pages. These items are in date order with most recent first.

| Creation Date: | Schedule | Schedule Item Name | Replacement Creation Date | Attached Document(s) |
|----------------|----------|--------------------|------------------------------|--|
| 11/08/2011 | Form | Amendment | 11/30/2011 | AWPXD15A Amendment.PDF (Superseded) |



AMERICAN HERITAGE LIFE INSURANCE COMPANY
HOME OFFICE:
1776 AMERICAN HERITAGE LIFE DRIVE
JACKSONVILLE, FLORIDA 32224-6687
(904) 992-1776

A Stock Company

AMENDMENT

The Policy to which this Amendment is attached is amended as follows:

I. The following definition is added to the **DEFINITIONS** section:

Actively Employed. Means you are working for your employer for earnings that are paid regularly and that you are performing the material and substantial duties of your own occupation. You will be deemed to be actively employed on a day which is not your employer's scheduled work day only if you were an active employee on the preceding scheduled work day. Normal vacation is considered actively employed. However, if vacation days are used to cover disability, sickness or injury, those days are not considered actively employed.

Your work site must be:

1. your employer's usual place of business; or
2. an alternative work site at the direction of your employer; or
3. a location to which your job requires you to travel.

II. The definition of **Pre-Existing Condition** is deleted from the **DEFINITIONS** section.

III. The following condition is added to the **BENEFITS** section:

You must be actively employed on the date your disability occurs for disability benefits to be payable under this policy.

IV. The **PRE-EXISTING CONDITION LIMITATION** is deleted in its entirety and replaced with the following:

PRE-EXISTING CONDITION LIMITATION

We will not pay for disabilities during the first 12 months after the effective date due to a pre-existing condition.

You have a pre-existing condition if:

1. your disability begins in the first 12 months after your effective date; and
2. you received medical treatment, consultation, care or services, including diagnostic measures, took or were prescribed drugs or medicines, took over the counter medications or followed treatment recommendations in the 12 months just prior to your effective date; or
3. you had symptoms in the 12 months just prior to your effective date.

This Amendment will not change, alter, or amend the Policy it is attached to except as stated.

This Amendment becomes effective as of the issue date of the Policy.

Secretary

AWPXDI5A